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## BIB DATA SHEET

CONFIRMATION NO. 2296

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.                                       |                         |                               |
|---|---|--|---------------------------------|--|-------------------------|-------------------------------|
| 10/567,074  | 06/26/2006  | 435  | 1634                            | 4012.1000-003  |                         |                               |
| <b>RULE</b>   |   |  |                                 |  |                         |                               |
| <b>APPLICANTS</b><br>Stephen W. Scherer, Toronto, ON, CANADA;<br>Berge A. Minassian, Toronto, ON, CANADA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/CA04/01449 07/30/2004<br>which claims benefit of 60/491,968 08/04/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/03/2007 |   |  |                                 |  |                         |                               |
| Foreign Priority claimed  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Met after Allowance | <b>STATE OR<br/>COUNTRY</b>     | <b>SHEETS<br/>DRAWINGS</b>                                   | <b>TOTAL<br/>CLAIMS</b> | <b>INDEPENDENT<br/>CLAIMS</b> |
| 35 USC 119(a-d) conditions met  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | ON                              | 5  | 44                      | 5                             |
| Verified and  | /JEANINE ANNE<br>GOLDBERG/<br>Examiner's Signature  |  |                                 |  |                         |                               |
| Acknowledged  | Initials  |  |                                 |  |                         |                               |
| <b>ADDRESS</b><br>HAMILTON, BROOK, SMITH & REYNOLDS, P.C.<br>530 VIRGINIA ROAD<br>P.O. BOX 9133<br>CONCORD, MA 01742-9133<br>UNITED STATES  |   |  |                                 |  |                         |                               |
| <b>TITLE</b><br>Lafora's disease gene   |   |  |                                 |  |                         |                               |
| <b>FILING FEE<br/>RECEIVED</b><br>2940  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                 | <input type="checkbox"/> All Fees                            |                         |                               |
|   |   |  |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                         |                               |
|   |   |  |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                         |                               |
|   |   |  |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                         |                               |
|   |   |  |                                 | <input type="checkbox"/> Other _____                         |                         |                               |
|   |   |  | <input type="checkbox"/> Credit |  |                         |                               |